

# THERAPEUTIC BEHAVIORAL SERVICES (TBS) REFERRAL FORM

County of San Diego TBS Office: (619) 563-2756

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Current Address: \_\_\_\_\_

Parent/Caregiver: \_\_\_\_\_ Phone: \_\_\_\_\_

Referring Party: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Agencies Involved: (check if applicable) ☐ ERMHS ☐ CWS ☐ Probation ☐ Regional Center ☐ Other

Case Manager(s): Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I. Child/youth is full scope Medi-Cal beneficiary under age 21? ☐ YES ☐ NO \_\_\_\_\_

Medi-Cal #

II. Child/youth is receiving Specialty Mental Health Services from a therapist/intensive case manager? ☐ YES ☐ NO

Current Therapist/  
Case Manager

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Therapist/Case Manager contacted regarding TBS? ☐ YES ☐ NO Axis I Dx Code: \_\_\_\_\_

III. Which of the following conditions have been met by child/youth? (check all that apply)

☐ Is at risk for emergency psychiatric hospitalization as one possible treatment option, though not necessarily the only treatment option or has had at least one emergency psychiatric hospitalization within the past 24 months.

☐ Is being considered for placement in a level 12 or above group home as one possible treatment option, though not necessarily the only treatment option, or is currently placed in a level 12 or above group home for mental health needs.

and meets the following eligibility criteria? (check which apply)

☐ Child/youth may need out of home placement, a higher level of residential care or acute care.

☐ Child/youth is transitioning to a lower level of care and needs TBS to support the transition.

IV. What specific problem behaviors are jeopardizing the current living situation?

V. Are there any specific needs with regard to the TBS coach's language, culture or gender?

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## TBS Release Paperwork Attached

☐ **REQUIRED** ~ SIGNED AUTHORIZATION TO DISCLOSE INFORMATION ( 23-07 HHSA ) or ( 04-24A-C OR 04-24A-P ) and SIGNED CONSENT FOR TREATMENT ( 04-24P OR 04-24C )

**Fax referral packet to:** Therapeutic Behavioral Services (TBS) at: **(858) 467-9029**  
or mail to: P.O. BOX 85524 (Mailstop P531C), San Diego, CA 92186-5524